NC-TOPPS Mental Health and Substance Use Disorder Child (Ages 6-11) Initial Interview

Child (Ages 6-11)

Jee this form for backup only. Do not mail. Enter data into web-based sys

	<u>not mail.</u> Enter data into web-based system: -health/nc-treatment-outcomes-and-program-performance-system)
QP First Initial & Last Name	I certify that I am the QP who has conducted and completed this interview.
	QP Signature: Date:
Please provide the following consumer information:	7. What kind of benefits and/or insurance does your child have?
Tailored Plan Assigned Consumer Record Number:	(mark all that apply)
	☐ None ☐ Health Choice
	SSI Medicaid
Consumer Date of Birth:	SSDI Medicare
	☐ Private insurance/health plan ☐ Other ☐ TRICARE/Military Coverage ☐ Unknown
Consumer Gender Assigned at Birth:	8. Is your child currently enrolled in school or courses that
☐ Male ☐ Female	satisfy requirements for a certification, diploma or degree?
First three letters of consumer's last name:	(Enrolled includes school breaks, suspensions, and expulsions)
	☐ Yes ☐ No → (skip to 9) b. What program(s) is your child currently enrolled in for credit?
First letter of consumer's first name:	(mark all that apply)
This letter of consumer 3 mist name.	☐ Alternative Learning Program (ALP)/School
Consumer County of Residence:	Academic schools (K-12)
CNDS ID Number	☐ Private Home School by parents/guardians
	Homebound Instruction by public/private school
	☐ Incarceration/Detention/Youth Development Centers
Medicaid ID Number (optional)	Other (750)
	9. Does your child have an Individualized Education Program (IEP) (program or plan for special education and related services)?
Medicaid County of Residence:	☐ Yes ☐ No
Provider Internal Consumer Record Number (optional)	10. What grade is your child currently in?
	11. For your child's most recent reporting period, what grades
Local Area Code (Reporting Unit Number) (optional)	did s/he get most of the time? (mark only one)
	☐ A's ☐ B's ☐ C's ☐ D's ☐ F's ☐ School does not use traditional grading system
	b. If school does not use traditional grading system, for your child's
Please select the appropriate age/disability category(ies) for which the individual will be receiving services and	most recent reporting period, did s/he pass or fail most of the time?
supports.	Pass Fail 12. In the past 3 months, has your child been
☐ Child Mental Health, age 6-11	a. suspended from school? Yes No
Admission Date (date of first paid service for this	b. expelled from school? Yes No
episode of care):	13. In the past 3 months, how often have your child's
	problems interfered with play, school, or other daily activities?
Begin Interview	Never A few times More than a few times
1. Please select all services the consumer is currently	14. In the past year, how many times has your child moved residences?
receiving. (See Attachment I)	-> (enter zero, if none)
2. Please indicate the ICD-10-CM diagnosis code(s) for	15. In the past 3 months, where did your child live most of
this individual. (See Attachment II)	the time?
3. Is your child of Hispanic, Latino, or Spanish origin?	In a family setting (private or foster home) -> (skip to 16)
Yes No 4. Which of these groups best describes your child?	Residential program (group home, PRTF) -> (answer b)
☐ African American/Black ☐ Alaska Native	Institutional setting (hospital or detention center/jail) -> (skip to 16)
☐ White/Anglo/Caucasian ☐ Asian	☐ Homeless → (answer c) ☐ Temporary housing → (answer d)
☐ Multiracial ☐ Pacific Islander	b. If <i>residential program</i> , please specify the type of residential program
☐ American Indian/Native American ☐ Other 5. Is a member of your child's immediate family or	your child lived in most of the time in the past 3 months.
household currently serving in or has served in the	☐ Therapeutic foster home
Military, Military Reserve, or National Guard?	Level III group home
Yes, family member No	☐ Level IV group home☐ State-operated residential treatment center☐
6. At any time in the past, has your child been suspected	☐ Psychiatric Residential Treatment Facility (PRTF)
of having a head or brain injury? ☐ Yes ☐ No ☐ Not sure	Other
	

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Initial Interview

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(Ittp://www.iicumis.gov/providers/provider-imo/mental-near	
34. In the past 3 months, has your child	40. Did your child and/or family have difficulty entering
a. had <u>contacts</u> with an emergency crisis provider? ☐ Yes ☐ No	treatment because of problems with (mark all that apply) No difficulties prevented your child from entering treatment
	, , ,
b. had <u>visits</u> to a hospital emergency room? Yes No	Active mental health symptoms (anxiety or fear, agoraphobia, paranoia, hallucinations)
c. spent <u>nights</u> in a medical/surgical hospital?	Active substance use disorder symptoms (addiction, relapse)
(excluding birth delivery)	☐ Physical health problems (severe illness, hospitalization)
☐ Yes ☐ No d. spent <u>nights</u> in a psychiatric inpatient hospital?	Family or guardian issues (controlling spouse, family illness, child or elder care, domestic violence, parent/guardian cooperation)
Yes ☐ Noe. spent <u>nights</u> homeless? (sheltered or unsheltered)☐ Yes ☐ No	Treatment offered did not meet needs (availability of appropriate services, type of treatment wanted by consumer not available,
f. spent nights in detention, jail, or prison? (adult or juvenile system)	favorite therapist quit, etc.)
Yes No	Engagement issues (AWOL, doesn't think s/he has a problem, denial, runaway, oversleeps)
35. Other than yourself, how many active, stable relationship(s)	\square Cost or financial reasons (no money for cab, treatment cost)
with adult(s) who serve as positive role models does your child	☐ Stigma/Discrimination (race, gender, sexual orientation)
have? (i.e., member of clergy, neighbor, family member, coach) ☐ None	Treatment/Authorization access issues (insurance problems,
□ Notic □ 1 or 2	waiting list, paperwork problems, red tape, lost Medicaid card,
3 or more	referral issues, citizenship, etc.) Being deaf/hard of hearing
	Language or communication issues (foreign language issues, lack
36. How well has your child been doing in the following areas of his/her life in the past year?	of interpreter, etc.)
<u>Excellent</u> <u>Good</u> <u>Fair</u> <u>Poor</u>	☐ Legal reasons (incarceration, arrest)
a. Emotional well-being	☐ Transportation/Distance to provider
b. Physical health \qquad \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq	Scheduling issues (work or school conflicts, appointment times
c. Relationships with family \qquad \qqquad \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq	not workable, no phone)
d. Living/Housing situation \begin{align*} \begin{align*} & \te	Lack of stable housing
37. Did you receive a list or options, verbal or written, of places	Personal safety (domestic violence, intimidation or punishment) 41. What help in any of the following areas is important to
for your child to receive services?	
Yes, I received a list or options	your child? (mark all that apply)
☐ Yes, I received a list or options☐ No, I came here on my own	your child? (mark all that apply)
☐ Yes, I received a list or options ☐ No, I came here on my own ☐ No, nobody gave me a list or options	your child? (mark all that apply) ☐ Educational improvement ☐ Medical Care ☐ Housing (basic shelter or rent subsidy) ☐ Dental care ☐ Transportation ☐ Legal issues
 Yes, I received a list or options No, I came here on my own No, nobody gave me a list or options 38. Was your child's first service in a time frame that met 	your child? (mark all that apply) ☐ Educational improvement ☐ Medical Care ☐ Housing (basic shelter or rent subsidy) ☐ Dental care ☐ Transportation ☐ Legal issues ☐ Food supply ☐ Volunteer opportunities
☐ Yes, I received a list or options ☐ No, I came here on my own ☐ No, nobody gave me a list or options	your child? (mark all that apply) ☐ Educational improvement ☐ Medical Care ☐ Housing (basic shelter or rent subsidy) ☐ Dental care ☐ Transportation ☐ Legal issues ☐ Food supply ☐ Volunteer opportunities ☐ Child Care ☐ None of the above
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 Yes, I received a list or options No, I came here on my own No, nobody gave me a list or options 38. Was your child's first service in a time frame that met his/her needs? Yes □ No 39. Does your child have a need for any of the following? (mark all that apply) 	your child? (mark all that apply) ☐ Educational improvement ☐ Medical Care ☐ Housing (basic shelter or rent subsidy) ☐ Dental care ☐ Transportation ☐ Legal issues ☐ Food supply ☐ Volunteer opportunities ☐ Child Care ☐ None of the above
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 Yes, I received a list or options No, I came here on my own No, nobody gave me a list or options 38. Was your child's first service in a time frame that met his/her needs? Yes	your child? (mark all that apply) Educational improvement
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Confidentiality of SA and MH consumer-identifying information is protected under Federal regulations 42 CFR Part 2 and the Health Insurance Portability and Accountability Act of 1996, P.L. 104-91 (HIPAA) or implementing regulations, 45 CFR Parts 160 and 164. Consumer-identifying information may be disclosed without the individual's consent to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) and to its authorized evaluation contractors under the audit or evaluation exception. Redisclosure of consumer-identifying information without the individual's consent is explicitly prohibited. Your questions may be directed to the NC-TOPPS Help Desk: nctoopps@ncsu.edu. Sponsored by the NC MH/DD/SAS.

Attachment I: NC-TOPPS Services

Community Based Services		
☐ Intensive In-Home Services (IIH) - H2022		
☐ Multisystemic Therapy Services (MST) - H2033		
<u>Facility Based Day Services</u> ☐ Mental Health - Partial Hospitalization - H0035		
☐ Child and Adolescent Day Treatment - H2012 HA		
Residential Services		
☐ Behavioral Health - Long Term Residential - H0019		
Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services) - H2020		
Psychiatric Residential Treatment Facility - YA230		
☐ Group Living - High - YP780		
Therapeutic Foster Care Services		
Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S5145		
Other Services		
Service Code: Service Description:		

Version 07/01/2024

Attachment II: ICD-10-CM Diagnosis Codes

<u>Neurodevelopn</u>	nental Disorders	
☐ Learning Disorders (F81.0, F81.2, F81.81, F81.89)	☐Autism Spectrum Disorder (F84.0)	
Communication Disorders (F80.81, F80.89, F80.9)	☐Attention-Deficit/Hyperactivity Disorder (F90.0, F90.1, F90.2, F90.9)	
☐ Intellectual Disabilities (F70, F71, F72, F73, F79, F88)	☐ Other Neurodevelopmental Disorders (F81.9, F88, F89)	
☐ Motor and Tic Disorders (F82, F95.0, F95.1, F95.2, F95.9, F98.4)		
Substance-Related and Addictive Disorders		
Alcohol-Related Disorders (F10.10, F10.20)		
\prod (Other) Drug-Related Disorders (F11		
	5.20, F16.10, F16.20, F18.10, F19.20)	
Gambling Disorder (F63.0)		
Schizophrenia Spectrum and Other Psychotic Disorders		
	0, F06.1, F06.2, F20.81, F20.9, F22, F23, F25.9, F29)	
	lated Disorders	
F31.4, F31.5, F31.73, F31.74, F31.75	31.12, F31.13, F31.30, F31.31, F31.32,	
☐ Bipolar II Disorder (F31.81)	3, F31.70, F31.9)	
Cyclothymic Disorder (F34.0)		
	e Disorders	
Major Depressive Disorder (F32.0 F3	32 1 F32 2 F32 3 F32 4 F32 5 F32 9	
☐ F33.0, F33.1, F33.2, F33.3, F33.41, F33.42, F33.9)		
Persistent Depressive Disorder (Dyst	hymia) (F34.1)	
☐ Other Depressive Disorders (F32.9, F	34.8, N94.3)	
<u>Anxiet</u>	<u>ry Disorders</u>	
), F40.241, F40.8, F41.0, F41.1, F41.8, F41.9, F91.2, F93.0)	
Obsessive-Compulsiv	e and Related Disorders	
<u> </u>	rders (F42, F45.21, F45.22, F63.3, F63.89, L98.1)	
Trauma- and Stressor-R		
Posttraumatic Stress Disorder (PTSD) (F43		
Adjustment Disorders (F43.21, F43.22, F4		
	ders (F43.0, F43.20, F43.8, F93.8, F94.1, F98.8)	
<u>Dissociative</u>		
☐ Dissociative disorders (F44.0,		
Disruptive, Impulse-Contro	_	
Conduct Disorder (F91.1, F91.2, F91.8)	Impulse Control Disorders (F63.1, F63.2, F63.81)	
Oppositional Defiant Disorder (F91.3)	Other Disruptive Behavior Disorders (F91.8, F91.9)	
Gender Dysphoria Disorders ☐ Gender Dysphoria Disorders (F64.1, F64.2)		
_		
Delirium Disorders (F05, F19.921, R40.0, R	ive Disorders	
<u> </u>	01.50, F02.80, F02.81, G31.84, G31.9, R41.89)	
	y Disorders	
☐ Cluster A Personality Disorders (F21, F60.0, F60.1)	Cluster C Personality Disorders (F60.5, F60.6, F60.7)	
☐ Cluster B Personality Disorders (F21, F60.3, F60.4, F60.81		
	ating Disorders	
☐ Anorexia Nervosa (F50.00)	ating Disorders	
_	F50.2, F50.8, F50.9, F98.21, F98.29, F98.3)	
Other Dis		
Somatic Symptom and Related Disorders (F44.4, F45.1, F45.21, F	Other Conditions That May Re	
☐ Elimination Disorders (F98.0, F98.1, N39.498, R15.9, R32)		
Sexual Dysfunction Disorders (F52.0, F52.1, F52.21, F52.31, F52.32	2, F52.4, F52.6, F52.8, R37) Other Mental Disorders and	
Sleep-Wake Disorders (F51.3, F51.8, G25.81, G47.00, G47.10, G47.30, G47.31, G47.33, G47.34,		
☐ G47.35, G47.36, G47.411, G47.419, G47.52, G47.8, R06.3) ☐ Paraphilic Disorders (F65.0, F65.1, F65.2, F65.3, F65.4, F65.51, F6	listed above) 5.52, F65.81, F65.89, F65.9, F66) Version 07/01/2024	
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